



## **ALCOHOL AND OTHER DRUG ABUSE MINI-GRANT PROGRAM**

### **FUNDING WILL BE USED TO ASSIST THE ALCOHOL AND OTHER DRUG ABUSE TREATMENT AND EDUCATION PROGRAMS**

The application deadline is January 13, 2006. Applications can be downloaded from the St. Lucie On-Line County website or obtained from the Office of Management and Budget by calling: 772-462-1144. Please mail or fax your completed application to the following address:

**Office of Management and Budget  
St. Lucie County Board of County Commissioners  
2300 Virginia Ave.  
Fort Pierce, FL 34982-5652  
Fax: 772-462-2117**

**RE: ALCOHOL AND DRUG ABUSE MINI-GRANT PROGRAM**

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This program is based on Florida Statute 893.165, which allows the counties to establish comprehensive alcohol and other drug abuse treatment or education programs and to create the Alcohol and Other Drug Abuse Trust Funds. The trust fund revenues come from assessments collected pursuant to Florida Statute 938.23. The purpose of the trust fund is to disburse assistance grants on an annual basis to alcohol and other drug abuse treatment or education programs meeting qualification standards established by the Department of Children and Family Services. St. Lucie County's program is based on Sec. 1-7-23 of the County Ordinances:

Monies deposited into the alcohol and other drug abuse trust fund shall be used to financially assist alcohol and other drug abuse treatment and education programs. In order to receive assistance grants from the alcohol and other drug abuse trust fund, county alcohol and other drug abuse treatment or education programs shall be selected as program recipients on the basis of selection procedures, which shall be developed by the county administrator. Such procedures shall include as a basis for selection the success of the program. Final approval shall be made by the board of county commissioners upon recommendation by the county administrator, and selections shall be made annually. (Ord. No. 89-03, Pt. A, 1-24-89; Ord. No. 95-45, Pt. C, 9-19-95)

County's procedures for this program are available upon request by contacting the Office of Management and Budget at: 772-462-1144.

**ST. LUCIE COUNTY  
ALCOHOL AND OTHER DRUG ABUSE TRUST FUND  
MINI-GRANT PROGRAM**

**SECTION A. APPLICANT INFORMATION**

Identify the agency or organization and official who is authorized to execute any grant related documents:

1. Applicant Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_ e-mail: \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. Authorized official: \_\_\_\_\_
5. Fiscal officer: \_\_\_\_\_
6. Program director: \_\_\_\_\_
7. Federal Identification Number: \_\_\_\_\_

**SECTION B. PROGRAM INFORMATION**

1. Program name: \_\_\_\_\_
2. Program type: \_\_\_\_\_
3. Total program budget (attach copy of proposed program budget): \_\_\_\_\_
4. Amount of grant funds requested: \_\_\_\_\_
5. List other committed (note with A\*®) and/or potential funding sources for program and any matching requirements for such funds:  

Funding source:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
6. Estimated number of individuals be served: \_\_\_\_\_
7. Cost per participant: Amount of funds requested divided by estimated number of individuals served: \_\_\_\_\_

### SECTION C. NARRATIVE INFORMATION:

On attached sheet(s), answer the following questions concisely as possible. Please limit total response to 500 words or less.

1. What type of program is proposed? What services will it provide to participants?
2. What procedures and guidelines will be used to select and monitor program participants?
3. What specific outcomes do you seek to achieve? Describe in measurable terms the outcomes sought.

### SECTION D. CERTIFICATION:

I do hereby certify that all facts, figures and representation made in this application are true and correct. Furthermore, all applicable statutes, regulations and procedures for program compliance and fiscal control shall be implements to insure proper accountability of any grant funds awarded. I further certify that the funds requested in this application shall not supplant funds that would otherwise be used for the purpose set forth in this application. The filing of this application has been authorized by the Grant Applicant and I have been duly authorized to act as the representative of the Grant Applicant in connection with this application.

_____	_____	_____
Authorized Official=s Signature	Date	Type Authorized Official=s Name
_____		
Name of Grant Applicant		

**MUST BE RECEIVED NO LATER THAN 5:00 P.M., \_\_\_\_\_ Jan. 13<sup>th</sup>, 2006\_\_\_\_\_.**  
**MAIL, FAX, OR DELIVER SIX (6) COPIES TO:**

Office of Management and Budget  
St. Lucie County Alcohol and Other Drug Abuse Trust Fund  
Mini-Grant Program  
2300 Virginia Avenue  
Fort Pierce, Florida 34982  
Fax: 772-462-2117  
Phone: 772-462-1144